

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 914783	RECEIPT DATE:	09 / 05 / 01
IA NUMBER: PCT/	AU00 / 00156	IA FILING DATE:	03 / 06 / 00
FAMILY NAME:	O' BRIEN	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	PETER	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	03 / 05 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	01P101:RC:SB	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER: 000466	TELEPHONE	7035212297
		FAX	
NAME:	YOUNG & THOMPSON		
STREET:	745 SOUTH 23RD STREET 2ND FLOOR		
CITY:	ARLINGTON		
STATE/COUNTRY:	VA	ZIP:	22202
EMAIL:			
APPLICATION TITLES:			
	HEAT REFLECTION FOOTWEAR DEVICE		

TAB TO LAST POSITION,PUSH SEND



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WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 4273

SERIAL NUMBER 09/914,783	FILING DATE 09/05/2001 RULE	CLASS 036	GROUP ART UNIT 3728	ATTORNEY DOCKET NO. 01P101:RC:SB
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APPLICANTS

Peter O' Brien, Queensland, AUSTRALIA;

** CONTINUING DATA *****

THIS APPLICATION IS A 371 OF PCT/AU00/00156 03/06/2000 *okay*

** FOREIGN APPLICATIONS *****

AUSTRALIA PP 9055 03/05/1999 *okay*

** SMALL ENTITY **

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY AUSTRALIA	SHEETS DRAWING 2	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

ADDRESS

00466

TITLE

Heat reflection footwear device

FILING FEE RECEIVED 518	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit